

INDIVIDUALIZED EDUCATION PROGRAM (Speech/Language)

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| | | | | | |
|---|--------|-----------|------------------------|-------------|-----|
| Student Name | | | D.O.B. | Age | Sex |
| First | Middle | Last | | | |
| Social Security # | | I.D. Code | Grade | | |
| Name of Parent/Surrogate/Guardian | | | Phone: Home | Phone: Work | |
| Address | | Apt.# | City | Zip | |
| District of Residence | | | Attending District | | |
| Home Language | | | Student's Language | | |
| Migrant Ed: <input type="checkbox"/> NO <input type="checkbox"/> YES | | | ETHNICITY: _____ | | |
| Limited English Proficient: <input type="checkbox"/> NO <input type="checkbox"/> YES | | | AGENCY SERVICES: _____ | | |
| Interpreter Required: <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | |
| Translation of IEP Required: <input type="checkbox"/> NO <input type="checkbox"/> YES | | | Language _____ | | |

DATES

This IEP _____/_____/_____
 Next IEP _____/_____/_____
 Last Triennial _____/_____/_____
 Next Triennial _____/_____/_____
 Initial Placement in Special Ed. _____/_____/_____

PURPOSE OF MEETING

☐ Initial I.E.P. ☐ Annual Review ☐ Triennial
☐ Transition ☐ Other _____

RESIDENCY

☐ Parent/Guardian ☐ Foster # _____
☐ Licensed Children's Institution # _____
☐ Other _____

PARENTAL CONSENT (Please initial areas that are acceptable)

____ I received a notice of my Parental Rights and Procedural Safeguards for Special Education and understand them.
 ____ I have had the opportunity to help develop this IEP.
 ____ I agree with the goals and objectives of this IEP.
 ____ I agree with the placement and service recommendations.

Signature of Parent/Guardian/Surrogate _____ Date _____

PRIMARY DISABILITY CATEGORY: _____

PRIMARY PLACEMENT: _____

DESIGNATED INSTRUCTION AND SERVICES

| Service | Start/End Date | Frequency/Time* (circle one) | Location |
|---------|----------------|--------------------------------|----------|
| _____ | _____ | _____ / _____ per wk / mo / yr | _____ |

INTEGRATION: Amount of time student participates in general education program: _____

PHYSICAL EDUCATION: ☐ Regular ☐ Other: _____

In addition to the parents, the following were participants in the development of the Individualized Education Program (IEP)

| | |
|------------------------------------|------|
| Special Education Teacher/Provider | Date |
| General Education Teacher | Date |
| School District Representative | Date |
| Student (when appropriate) | Date |

CA STATE / DISTRICT WIDE ASSESSMENTS:

☐ General Education ☐ Other: _____
☐ General Education with Accommodations/Modifications _____

OTHER PROGRAM INFORMATION

☐ Extended School Year
☐ Differential Proficiency Standards for Graduation Required
☐ For students age 16 or older, see Transition Plan dated _____
☐ Transition service needs related to courses of study (age 14, or younger, if appropriate): _____

Concerns of parent relevant to educational progress: _____

How disability affects involvement and progress in general curriculum (or for preschoolers, participation in appropriate activities): _____

Student will participate with nondisabled children in the general education environment for: _____

Specify supplemental aids and services, or assistive technology, to be provided to or on behalf of the student and/or program modifications or supports for school personnel: _____

If Limited English Proficient, specify how student's level of English proficiency, related to the IEP, will be addressed: _____

Does student's behavior impede learning? ☐ NO ☐ YES (describe) _____

a) Specify positive behavior interventions, strategies and supports to address the behaviors: _____

On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age18) _____ Date _____ Advised: _____ By Whom _____

**PRESENT LEVELS OF PERFORMANCE/
ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES**

Date: _____ **Student:** _____

COMMUNICATION DEVELOPMENT / ASSESSMENT SUMMARY _____ Date of Assessment

(Speech and language development and other related information regarding student's present levels of performance.)

☐ K-12 academic needs can be addressed in general education classroom

Parents will be informed of progress: ☐ Quarterly ☐ Trimester ☐ Semester Other _____

How? ☐ Annotated Goals/Objectives ☐ Progress Summary Report ☐ Other: _____

| | | | |
|----------------------|--|---|---|
| Area of Need: | Measurable Annual Goal: | Goal # _____ | ANNUAL GOAL REVIEW: Date _____ _____ 1. No Progress _____ 2. Partial Progress (1% - 49% of goal met) _____ 3. Substantial Progress (50% - 99% of goal met) _____ 4. Goal Met or Exceeded |
| Baseline: | <input type="checkbox"/> Enables student to be involved/progress in general curriculum and/or <input type="checkbox"/> Addresses other educational needs resulting from the disability | | |
| Baseline: | Benchmark / Short-Term Objective: | Review Date: _____ _____ 1. No Progress _____ 2. Partial Progress (1% - 49% of goal met) _____ 3. Substantial Progress (50% - 99% of goal met) _____ 4. Goal Met or Exceeded | |
| Baseline: | Benchmark / Short-Term Objective: | Review Date: _____ _____ 1. No Progress _____ 2. Partial Progress (1% - 49% of goal met) _____ 3. Substantial Progress (50% - 99% of goal met) _____ 4. Goal Met or Exceeded | |
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